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### About our cover . . .

"For, lo! The winter is past, the rain is over and gone; the flowers appear on the earth; the time of the singing of birds is come, and the voice of the turtle is heard in our land." Fifth of a series of Journal covers on family life . . . photograph courtesy of PRIMER FOR AMERICANS.

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### THE JOURNAL OF SOCIAL HYGIENE

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## BY WORD AND EXAMPLE

(Excerpts from a speech by Major General George E. Armstrong, Deputy Surgeon General of the United States Army, before the New York Academy of Medicine Eastern States Health Conference April 19, 1951)

Soundness of character is a vital element in a soldier. A man may meet the ordinary strains of day-to-day civilian living for years without revealing the basic strength of his character. He has developed a sense of security, based on attachment to his home, family, friends and familiar surroundings.

When he comes into the Army, often through no choice of his own, these pillars of security and support are withdrawn. He becomes regimented, disciplined and is exposed to what for him is a strenuous existence, all of which are necessary elements to any army. Next comes departure for parts unknown, acclimation to new environments, often with difficult climate and terrain and possible isolation and monotony, and finally there is combat, the supreme test. These demands bring his strong or weak points as an individual or as a member of a team immediately to light.

Fundamentally, the average man wants to do the right thing, wants the good opinion of his companions and wants to succeed in what he undertakes. However, under the strange conditions

imposed by military life, he often needs guidance with a strong hand on the reins. If this requirement is neglected, he becomes an automaton who performs his duty only because he is ordered to, he becomes resentful, careless of his obligations and prodigal of the lives of his companions.

To meet this need, there is the character guidance program, through which the commander and his staff provide the necessary help and leadership. This program is based on the concept of the dignity of man and endeavors to teach by word and example high standards of conduct to men who never had them and to help others to maintain those standards. . . .

. . . The American soldier is apparently the most carefully nurtured, guided and protected soldier in the world. Why shouldn't he be? Is he not one of the most valuable possessions of the country? Upon his welfare rests the security of the nation.

## THE TEACHER'S ROLE

(Excerpt from "Life Adjustment in an English Class," by Sister Gertrude Leonore, S.S.J., in *The Education Review*, October 1950)

We began with class discussion, and they made a discovery that always amazes adolescents—other children share their ambitions, their fears, their fun and plans.

As each girl found and recorded one incident or phase of her childhood, she had integrated a bit of her own personality, and learned indirectly a bit of family living. As one child remarked, "I'll never let a little girl of mine feel as bad as I did when my little brother arrived."

With this unit we tied in reading—*My Antonia*, *The Doll's House*, *The Magic Ring*—other people's memories of their childhood heritage.

Gradually, perhaps not in terms that could be measured, the student came to see the importance of childhood, was perhaps saved from a pent-up bitterness about her own, and began to plan a happy one for her children-to-be. In addition, she became better adjusted socially because she saw something of the effect of environment on people.



## HOW FAMILY FORCES AFFECT THE INDIVIDUAL

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by O. Spurgeon English, M.D.

The dynamic psychology of the last half century which has focused the spotlight of its attention on the psychosexual development of the child as containing the nucleus of personality, plus direct observations of children themselves, has thrown the family as a social unit into sharper relief. It has made the defects of family life more glaring, and in so doing it has also served to make the exposed family members glare right back at the spotlight-holders.

In fact, some have even seized the spotlight and turned it round upon these researchers, with the result that one articulate mother wrote the following lines in protest:

"My thesis is that while psychiatry considers the home of tremendous importance, the root of probably all psychiatric difficulties and almost the only place where most of these difficulties can be resolved, it has not thought of the problems of the home itself. I think current teaching on child-rearing tends to alter the center of gravity of the home, making the child the center, the king and, too often, the tyrant.

"Certainly, a child needs security and love. But I suspect the definitions of these words have gone a little astray. We should not eliminate consideration of other members of the household. I see people who were the recipients of love

and tenderness, care and concern, who were the center and the delight of the home. And now, grown and married, they will settle for nothing less. They were never asked to give concern or be considerate or enjoy seeing someone else succeed. So now they consider the husband (or wife) cold and without understanding, and the children dull and unpleasant, because they are not the center of a constantly admiring audience.

"No, the loving tender care that makes the child the center of the home is a dangerous preparation for being an adult."

Now we think all fair-minded psychiatrists would admit that these lines are penetrating and realistic and no more a caricature of the psychiatrist's position than they themselves have used on occasions in their portrayal of the injured child without explaining why the parents must inevitably so injure him. But as our friend contrasts her position with that of the psychiatrist, we are enabled to see the extremes much more clearly and are, therefore, better able to see the middle ground also. We are better off for seeing both the needs of the child and the needs of the parent and that these must inevitably conflict with each other.

It seems a sad and unconstructive discovery to learn that the home is a place of conflict, but if it must be so, it is much better that we *know* it is so in order that we may begin to do something about it, if we can. Furthermore, in spite of the truth and justification for the mother's quoted remarks, we have to return to the fact that any improvements which can and will be made must be made largely by the parents. The child can or must cooperate, but it will be the parents who initiate improvement in family life. They have both the power for control and supposedly also the intelligence for leadership.

If our theories are correct and we advocate a regime which will reduce neuroses and allied conditions and parents reply that parenthood is too strenuous for them, then what do we do next? Is this a problem which calls for help from some source to supply a mother's helper for every home?

Such a proposal was made in the report of the Royal Commission on Population to improve conditions in the Great Britain home. They suggested a mother's helper for the home which contains an only child under the age of two. As this child becomes older or other children arrive, then more family services are advocated, such as baby-sitters, day nurseries and nursery schools, as a normal part of family life and not just as a provision for emergencies. Also, mothers should have adequate holidays, with school holiday camps for the children and rest homes for mothers. Furthermore, better

provisions were recommended for taking some of the drudgery out of washing and ironing, particularly when there are small children.

The parents would contribute toward these services according to their means.

The general purpose of this would be to produce a family-minded nation in place of the present-day machine-age mentality, which is concerned only with the adult who is a maximum producer and preferably unencumbered by family responsibility. All these and more attention to sex education and homemaking courses in school and adult extension courses in the psychology of marriage were thought necessary for the prospering of a community in which birth control was generally accepted and in which the members are questioning the worthwhileness of replacing themselves unless child-rearing becomes easier and less fraught with drudgery and personal frustration.

#### *Motherhood and the Machine Age*

Now one may argue that Great Britain is not the United States, but when two nations share so much in human values we must pause and consider some of the implications of such deliberations on family life by a sister nation. Their suggestions seem designed to meet many of the stresses and strains complained of by many homemakers who are mothers (we distinguish between homemakers who are mothers and those who are not). Certainly, we would feel that the homemakers have benefited by what the machine age has done to add to leisure time. But when the homemaker adds motherhood to her responsibilities, then we would be inclined to agree that the machine age hasn't made any contributions to ease the burden.

The incessant emotional needs of small children and even large ones aren't met by machines. Only human beings can do that and they need to have wisdom and endurance to do it. Moreover, to add mother's helpers and baby-sitters would not be an unmixed blessing, since any helper in the home, being human, can create nearly as many problems, emotional and otherwise, as she solves by her presence.

Furthermore, we might well ask to what extent these proposed additional people become "family" and to what extent they remain outsiders. To what extent will parental influence permeate through them to the children. (Not that dilution of parental influence through a good assistant cannot be beneficial!)

One might well suggest that some help be given in the beginning, but that the eventual goal be larger families so that the older children take care of the younger. A mother who had a child yearly

until she had ten was asked why she had so many and replied, "Blessed if I know a better way to keep the youngest one from being spoiled." There was doubtless more wisdom in the mind of this mother than appeared in this remark, although as it stands, many would not deem it nonsense.

At any rate, there is, we feel, good reason to question the methods of a society which emphasizes massing more adults willy-nilly to divide their time with the young, without being sure what the young need and what the grownup should provide to meet those needs.

The family is a very complex unit of people, even when functioning at its very best. When we think of the well-functioning family, we envision a man and a woman about the same age, healthy, capable, with well-rounded interests, many of which they share in common, who appreciate and enjoy each other and each other's friends and who take considerable pleasure in sharing their lives with several young children.

However, if we consider merely our high divorce and separation rate, we must realize that a great many families in this country are those containing divorced parents, widows, widowers and stepparents.

Then if we add the presence of mothers-in-law, fathers-in-law and grandparents, we can see that this picture of the supposedly simple family pattern becomes complicated by the presence of a great many other people. Also must be considered foster parents and parents who have adopted some or all of their children, not to mention other possible departures from the ideal one in which the mother, father and offspring remain together in relative harmony.

When we consider the forces which affect family life, it seems we must also put this family in a certain perspective, historically and politically.

The whole development of democracy, bringing to the individual dignity, freedom of speech, the value of love and liberty for liberty's sake, has been a development that is not so many centuries old. In spite of our devotion to this concept and its own popularity, we must remember that a countertrend has sprung up in the last 30 years and that totalitarianism, with its subservience of the individual to the state, its absolute authority, its pageantry and its telling everybody what to do, has made great strides. Whether we like it or not, a large part of the world's population has seen fit to swing back.

Certainly, psychiatrists advocate democracy in the family, and with a large output of literature have been advocating its furtherance for some time. Some of our critics are asking, however, possibly with reason, whether as a result we are making children

happier and whether we are decreasing the number of maladjusted and unhappy adult people.

There is one trend which the philosophy of democracy and family life seems not to have taken enough account of and that is the difficulty of bringing about concerted action in family life. This does not mean the kind of concerted action resulting from a father-dictated family policy. Yet, with the passage of time and with every family member demanding and being given his individual rights, the result is often a divided and neurotic personality coming from a family in which he has neither received discipline for its sake from the parents nor has he been able to formulate any satisfactory goals or satisfactions in living, as a result of his own freedom to choose.

This is not to say that the changing and modern approach is wrong, but it does indicate that we haven't arrived at the eventual solution of the secret of producing large numbers of stable and happy and useful personalities.

Let us examine, therefore, what might be expected from every family. By family, we mean largely the adults who populate the home.

#### *What Should Be Expected from the Family*

Seriously, the challenge to the grownups seems to be that of knowing how parents can provide:

- More time to spend with children.
- More patience with the child's difficulties in growing up.
- More knowledge of the nature of human emotional growth.
- More affection to meet the tremendous love demands of every child and adult.
- More resourcefulness in absorbing and redirecting aggression.
- Better techniques for eliciting cooperation and enhancing the pleasure of group living.
- More opportunities for participation in a variety of home and social activities.
- Opportunity for their children's exposure at periodic intervals to a variety of thinkers and speakers on the subject of human destiny.
- An ever-increasing knowledge of how to create a better marriage and home atmosphere.
- More participation in the emotional and educational dynamics of family life by fathers.

Before discussing these points, let us reiterate that the traditionally good citizen is not necessarily a good parent. It is the

adults who claim to have the wisdom and who propose to conquer the world's problems.

Therefore, it seems not unfair and certainly pertinent to say, "You are a good engineer of a beautiful and durable bridge, but a poor engineer of your child's adaptation to life.

"You are a good clergyman and preach a wonderful sermon to your congregation on man's obligations to one another, but you do not put this into practice in your own home.

"You are a wonderful doctor for searching out the cause of illness and planning the cure, but you cannot diagnose the unhappiness in your own family and do what you should to cure it.

"You are an eloquent lawyer in the courtroom and leave no stone unturned to obtain justice for your client, but you do not try to understand and alleviate the sense of injustice in your children."

This could apply also for the mechanic, the gardener, the butcher, the baker and the housewife. All are interested in good performance and appreciation for their efforts, but can they apply this at home? Not as much as they *could* and *should*!

But they would, if they knew the far-reaching implications of their ignorance and neglect.

#### *Time and Teaching*

The first eight points we stressed in regard to the family's responsibility to the children concern time. We think it can be generalized that there is a tendency for so-called "busy people," "important people," people who are "in demand," to fail to find time for their children. In such people, this is to some degree understandable not only because of the satisfaction which comes to them from participation in social progress, but also because of the satisfaction ensuing prestige brings.

However, it is perhaps more to be regretted that the very people whose abilities make them so busy or those who are so aware of social problems or those who are adept at some special skills or possess special knowledge cannot or do not take the time to share this with the younger generation both in and out of the home. Their zeal to save the world or do all the work in sight by themselves may represent some escape from dealing with the education of the young, but we think it most often because they haven't been sensitized to the fact that every person has so much to learn in his youth and he needs so much teaching from every interested person, especially the parents.

Some parents who are not busy and have time on their hands do not *have time* in the sense that they want to *give that time* to their children. They need to be shown how they can prevent, through working with their child in the present, later despair, maladjustment, family friction and ill will. Among this group are many fathers who make a large financial contribution to family life, but a very small contribution emotionally, socially and educationally. Many problems arise in families with capable parents who knew how to live their own lives with some degree of success, but never took the time and interest to make sure their children learned it, too.

Now, of the people who take the time to spend with their children and try to teach them, *there are some who have little patience*. This is often because they are essentially impatient people, but it is also sometimes due to the fact that they know too little of the nature of the child they would teach. They neither know the nature of the child's needs nor the proper timing whereby he should receive gratification for them.

For example, a child has a need to engage in both work and play with adults, in order to get a feeling of pleasure associated with these activities which he will use again and again all his lifetime. But when he tries to make this need known at, say, the age of two and a half years, he may be regarded as too young or a disturber of parental routine and receive rejection and discouragement.

The needs of children and how and when these needs should be met will not be repeated here except to make one point about the giving of affection. We still have to educate people to be unafraid that affection will spoil and weaken and become a force inimical to discipline. Actually, discipline is easier in a setting of affection. And affection given freely and properly balanced with demand, strengthens rather than weakens.

However, in this greater dilemma of proper blending of affection and discipline, we feel the approach on the part of the parent should be, "I'm happy to give the affection, and I know you will meet most of my expectations when I need you to do so," and not, "I expect you are going to be pretty hard to control, but in case you do conform the way I want you to, I'll be nice to you."

We believe, in other words, that the family has some obligation to show the example of faith, trust and confidence early and continuously.

#### ***Aggression***

In the matter of meeting and handling aggression, the family has a great responsibility—one it has met inadequately up to the present

time. If this sounds like undue criticism of the American parent by a psychiatrist, let us hasten to share the blame and say that psychiatry, psychology and child education have not shown the parent enough ways to understand and handle aggression.

The aggressive nature of human make-up is most generally accepted, so we turn our attention to what to do about it. There are probably few parents who actually want their children to be over-aggressive, since even the toughest of parents have a suspicion that they will feel the effect of this aggression turned upon themselves some day. But there are a great many who fear their children won't get along in the world and be able to take care of themselves if their expressions of aggression are actually diminished in intensity or shunted into socially accepted channels. There are, furthermore, some who know all too little about the techniques of good will, tact and kindness, and if they do know about them, will tend to consider them weaknesses rather than strengths.

However, let us return to those who do not like aggression, who want peaceful, considerate offspring and actually do not seem to know how to accomplish this.

No discussion of molding aggression in the young could be complete without saying a word about counter-aggression in the present. Certainly, children are not likely to benefit from a limp and long-suffering parent or a devalued or depersonalized one. And here psychiatrists are getting a fair amount of censure, whether they deserve it or not, because they have emphasized so much the dangers of frustration by parental dominance. The same mother from whom we quoted in the beginning says:

"There has been too little emphasis on what parents can do in a positive way to create, mold and develop, and too much on simply being a reservoir of patience, affection and understanding. Certainly, we must be these last three things: They are the true foundation, but they are not the only needs.

"The words authority and discipline have fallen into disrepute, but I feel they must reside with father and mother. We have been frightened away from them by the threats of father-mother dominance and 'momism,' but these things are only the excesses of two very good things. There is great security to the child in the knowledge that his father and mother will protect him from behaving badly and will teach him what they feel to be right.

"If they will do these things from love of the child rather than from a need to prove themselves, I think it is the greatest security of all. Because it will show the child how to earn

the love and respect and approval of a world that gives love, but insists that something is due in return."

Since the author couldn't put any more clearly his thoughts on the proper setting of the home climate for blending (a) the child's needs, (b) the parents' limitations and (c) the necessary social sublimation of aggression, we have let this mother's words speak through this paper what we feel to be some important truths in a very fundamental parent-child relationship.

A child needs someone who loves him and who can also outline a plan of development around which he can discipline himself. The young do not see much of the best in life unless it is placed before them in some organized form.

#### *Social Values*

Too few people know how to entertain themselves or someone else. A family should teach the young ones to converse amiably and interestingly with older people. This can begin with the family group at mealtime by cultivating the art of conversation, rather than allowing the dinner hour to become a time for all and sundry members of the family to air grievances and criticisms.

Moreover, adults can help in this by showing an interest in conversing with the children about their activities and friends. Art, music, collecting, photography, sports or any other activity help not only to bring the young one to have pleasant memories associated with nature and with people, but enhance those emotional ties which insure security from loneliness, isolation and boredom, and which, incidentally but importantly, lead to the best social usefulness of aggressive impulses.

We have suggested that the young be exposed periodically to those who will discuss human destiny. No doubt such a plan would subject the youth to a great many platitudes and clichés, for it takes an unusual adult to expose to the young his *real* beliefs, share his weaknesses with them and admit the humble sources of his strengths. But perhaps a third of the time a person would appear with wisdom, humility, sincerity and a gift for talking to the young, and the idea would be worth the effort.

Such a forum would be a community activity sponsored by the home and from which parents themselves would have to agree to stay away, so the speaker could with greater ease be himself with the young. The wholesale accumulation of knowledge in the classroom needs to be leavened with a visiting mind who can talk to the young and make them think of how to utilize in a more effectual way what they are receiving from life and from books.

### *The Dynamics of Family Functioning*

Finally, there is the great secret of what makes the family function. How many parents convey to their children by deed or word that the pleasure of living together and having children is of greater emotional intensity than the worry about them and the responsibility and expense of raising them? And if they could answer in the affirmative, would they be able to convey to their children what goes into this desirable state?

The title of this talk is "How Family Forces Affect the Individual," but in many instances there has been a conspiracy on the part of the adult leaders of families to see that family forces did *not* permeate the child's consciousness. If they had to scrimp to send him to a certain school or buy her certain clothes, they concealed the fact because their own pride would be hurt to confess it. Although they would have had only a problem in economics to explain, they seemed to fear criticism for not having been born rich or being good money-makers or better managers.

They wouldn't be seen by their children hugging or kissing each other or talking of their devotion to or their need of each other, lest this seem weak, childish or immoral, and might conceivably invite some question which would lead to a discussion of sex. The result of our hypocrisy is that most children find their way through dating, courtship, marriage, lovemaking and family-rearing all too much alone and make the same mistakes over and over again.

It must be remembered that a great many children are the result of the fact that the sex act is such a pleasurable human performance. As the children become older and begin to present problems calling for patience, good will and wisdom, the parents somehow have lost much, if not all, of the pleasure they had in each other's being together. They no longer enjoy each other or find a source of happiness and rejuvenation in each other. They have become burdened with their respective responsibilities, and their emotional attitudes toward their children are fairly ambivalent.

Considering the many changes which take place in the human personality between the time of the honeymoon and the next 15 years, it would be superhuman if they could manage things so as to devise adequate satisfactions for themselves in life and achieve with any consistency that continuous desire to help others, including, of course, the children.

This calls for the family to ask that the school system assist it in the matter of sex education and preparation for marriage. Theoretically, these things should be taught in the home. The home should be able to teach family life best. But it hasn't accomplished this so far, and we doubt that it will, left to itself.

The school system is a more stable repository of knowledge which the family needs to help it in this important task. Any random couple who set out to rear a family can be entirely too capricious, inhibited or prejudiced to help their young with the important business of being good parents-to-be themselves. If the schools get ready to give this problem a steady impetus from year to year, the family can be a good or bad ally, but in any case the growing individual gets something of the necessary knowledge and inspiration for the task of parenthood.

It is true that not many teachers, schools or parents are yet ready to have the schools help to study family life and give it the place of dignity and value in our minds that it deserves. But the idea is growing and will eventually become a reality, we believe.

In conclusion, the family has much to learn. It needs to find sources of strength over and beyond state and government subsidies. In our rapidly moving world, we are in a race to make up in ideas (psychological science) what originally existed in a home, because formerly the family were perforce thrown in close contact with each other and looked to each other for satisfaction and security. In spite of the increasing speed of our existence, it appears doubtful if we will prosper unless we learn the importance of pausing frequently to come in touch with each other more tenderly and wisely. The family has always been the place for this phenomenon, and society has always blessed it.

We must be careful not to squander this heritage. It is the common denominator of the best kind of living of the past and the precepts of modern dynamic psychology.

It needs to find sources of strength.



## CANADA'S FAMILY ALLOWANCES

by Mae Fleming

### MCCARTHY SUGGESTS CHILD ALLOWANCES

*N.Y. Times 4-19-51*

The possibility of a system of children's allowances for the protection of the children of New York should be looked into, Henry L. McCarthy, the city's next Welfare Commissioner, declared yesterday.

Canada grants allowances to each family on the basis of the number of children, but no place in the United States provides children's allowances.

As any parent will readily testify, it costs money to raise children. Each new birth in a family adds to the economic burden without supplying additional means for meeting it. Wages—the only income of the average worker—are intended solely as payment for work done. They bear no relation to the family responsibilities of the worker. A recognition of these facts lies back of the introduction of family allowances.

As we are constantly being reminded, production is the keynote to prosperity. The wheels of industry and agriculture must be kept rolling. But production relates directly to the demand for goods, which in turn depends on buying power. Thinking in these terms, the initiators of this social measure reasoned: Family allowances will accomplish a two-fold purpose:

- Socially, they will help insure that children of low-income families are better nourished, have more adequate clothing and medical care, and remain longer in school.
- Economically, they will put cash regularly into the pockets of the people who most need it, thereby creating a continuous demand for basic necessities, which will in turn insure production and steady employment.

Family allowances, of course, did not originate in Canada. No less than 30-odd countries—including England, Australia, New Zealand, France, Italy and many other European countries and such South American countries as Chile, Brazil and Uruguay—have in operation measures with the same purpose, sometimes tied in with industry, sometimes not.

### *Provisions of the Act*

The Canadian Family Allowances Act was passed in August, 1944, and became effective July 1, 1945. Its main provisions are:

**Eligibility.** The conditions of eligibility are few. The child must have been born in Canada or have resided in the country for one year and be under 16 years of age. The parent or guardian making application for family allowances must be maintaining the child to the extent of at least \$5.00 a month independent of family allowances. If of school age, the child must be in attendance at school or receiving equivalent education.

**Payee.** Considerable interest has been occasioned by the fact that Canadian family allowances are made payable to the mother. If the mother is dead, or deemed incompetent—which, by the way, rarely happens—the father, or a suitable relative, may be made the payee. Under the terms of the Act, an institution may not qualify as a "parent."

A parent, however, is, of course, not debarred from receiving family allowances for a child placed in an institution if he or she is paying the required minimum of \$5.00 a month maintenance, apart from family allowances, which must be expended on the child in such a way as to provide additional benefits.

Bona fide child-placing agencies may qualify as parents providing they "maintain" and have "parental control" of the child.

**Rate of Allowances.** Children under six years of age receive \$5.00 a month; children between six and 10, \$6.00; between 10 and 13, \$7.00; and between 13 and 16, \$8.00. It is apparent that the Family Allowances Act does not attempt to provide for the full maintenance of children, but rather to augment the cash resources of the family.

**Termination of Allowances.** The allowance ceases to be payable if a child of school age fails to attend school or, being beyond school age, is employed for wages and thus maintains himself; if he leaves Canada; when he reaches the age of 16; or in the case of a girl, marries under 16; or dies.

**Use to Be Made of Allowances.** The conditions here are broad. They must be applied exclusively toward the "maintenance, care, training, education and advancement" of the child.

**If Misused.** The legislation provides that where by reason of age, improvidence, insanity, ill health, infirmity or other reasonable

cause, the allowance is unwisely spent, it may be paid to another person or agency for the child. This item will be discussed further under welfare services.

#### *Relation to Other Programs of Financial Assistance*

It is the intention of the Canadian government that family allowances shall be paid as an addition to, and not in lieu of, other income—such as mothers' allowances, war pensions, unemployment insurance, workmen's compensation, public assistance, etc.—on the ground that if other benefits are reduced because of the receipt of family allowances, the purpose of the measure will be defeated. The dominion government has, therefore, expressed this point of view to the provincial governments (in whose area welfare falls under the British North America Act) and sought their cooperation toward this end.

Most provinces have indicated their agreement with this principle, but, as some forms of public assistance are turned over by the province to local municipal units, the occasional instance has come to light where the local body was regarding family allowances as part of the family's income contrary to intention. In practically every such case, the provincial authorities, when appealed to, agreed to re-interpret the dominion's point of view to the municipality.

Private welfare agencies, in giving supplementary assistance, are usually most understanding in helping to keep family allowances as an additional benefit for the family.

#### *Expenditures*

Family allowances are paid from the Federal Consolidated Revenue Fund. They are not considered as income for income-tax purposes. The February, 1951, financial statement shows an expenditure of \$26,148,739 on 1,903,246 families involving 4,355,269 children, an average of \$13.72 per family, \$6.00 per child. The largest check which has been issued was for \$96.00 and covered 15 children. The average number of children per family is 2.28. The cost of administration is surprisingly modest, about 1.5% of the amount disbursed.

#### *Organizational Set-up*

With only a small headquarters staff in the Department of National Health and Welfare at Ottawa, the operation of family allowances is decentralized through regional offices established in each of the 10 provincial capitals. Registration forms are available at all post-

offices and are reduced to a bare minimum of required information. When filled out and signed by both parents, the form is mailed to the regional office in the province in which the family lives.

The administrative details connected with determining eligibility as it relates to residence, birth verification, maintenance, school attendance, etc., are considerable. If eligibility is established, the payment of family allowances begins the month following the receipt of the application. Increased rates, which take place at six, 10 and 13 years of age, are taken care of automatically without reminders from the parents.

#### *Family Allowances to Special Groups*

In the case of the native races—Indians and Eskimos—payments are not always made in cash. In certain instances, on the advice of the departmental officers charged with their supervision, payments are made “in kind.” These latter payments are in the form of credits which the parent can use in the purchase of certain foods and other items from lists which have been prepared with the special needs of such children in mind.

#### *Welfare Problems*

From the outset, it was apparent that problems would be encountered in the administration of family allowances with which social workers could best deal. A welfare section was, therefore, set up in each regional office, headed by a supervisor of welfare services. At this point, the alternatives were to employ sufficient social work staff to handle the work involved or to utilize existing social agencies where practicable. The latter had much to commend it—a proper recognition and strengthening of local agencies, an appreciation of the serious dearth of qualified social workers and a desire not to intensify competition for them.

Under the British North America Act, welfare is a provincial responsibility. However, as there was no thought of the family allowances division giving specific case work services, no possible clash arose here. It was decided, wherever possible, to turn to local agencies, and this practice has resulted in the widespread use of both public and private social agencies.

The problems referred to the welfare section grow out of a wide variety of situations requiring investigation to determine the proper action to be taken with regard to the payment of family allowances, such as conflict between separated parents as to which

is maintaining to the greater extent, non-attendance at school, reported misuse of allowances, etc.

***Misuse of Family Allowances.*** It speaks well for Canadian mothers that with 4,202,263 children receiving family allowances, only 1,471—or, roughly, three out of each 10,000—were reported in the fiscal year 1949-50 from any source as not giving the children the proper benefit of family allowances. After careful investigation, in 977 of these cases (66%), the payments to the mothers were continued. In 78 cases, the family allowance was turned over to a close relative or friend chosen to assist the mother for a temporary period in learning to make better use of family allowances. In 170 other cases, where a suitable relative or friend could not be found to undertake this task, the family allowance was turned over to a third-party administrator, frequently a social agency, for temporary administration until it was felt that the mother had learned how to properly spend the money.

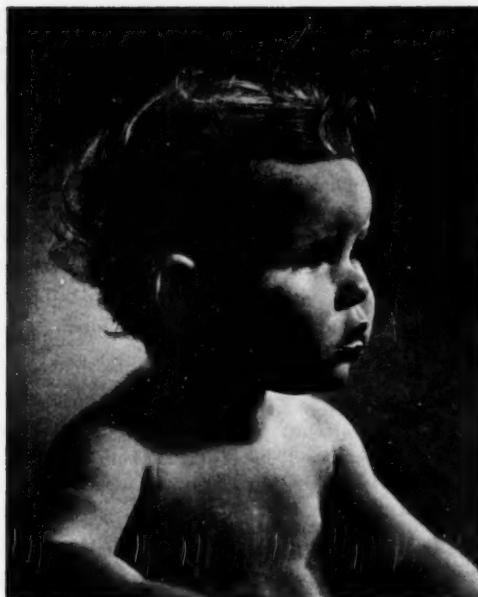
The services rendered by social agencies to family allowances are three-fold:

- the making of social investigations upon request
- acting as third party administrators
- qualifying as "parents" under the Act with respect to children, both wards and non-wards, in their care, whom they maintain.

Family allowances so paid to child-placing agencies are expended through trust accounts subject to annual audit. Through this device, a considerable number of children receive family allowances who would not otherwise be eligible through lack of a "parent" who "maintains." Problems not necessarily related to the payment of family allowances, but which come to light in the course of determining eligibility for family allowances, are brought to the attention of local agencies when there appears to be a need for their regular services.

#### *Evaluation*

Five years is a rather short period of experience on which to base conclusions as to the social results of a program of this magnitude. Three minor studies have been made on the ways in which family allowances are used, but because of the restricted nature of each survey in choice either of areas or families, and the very small number of families studied in each case, the results cannot, either separately or together, be used as a basis for statistically valid conclusions on the use of family allowances in Canada as a whole.



More babies, more milk, more clothing, more children in school.

On the other hand, it is possible to draw certain general conclusions. In all three groups studied, the bulk of the family allowances was spent on the major budgetary items of food, clothing, medical care and education, in that order. None of the three studies was made under the direction of the Department of National Health and Welfare.

There are other interesting comments which might be made. For instance, the rate of milk consumption and the demand for children's clothing both took a sharp upward turn immediately after the inauguration of family allowances. In a period of demobilization and greater availability of commodities, it is possible that other factors than family allowances were involved.

The birth rate has risen, but this is true also in the United States, which has no family allowances.

Unquestionably, more children are in school. This is widely attributed to family allowances.

It is difficult, then, to be specific about the advantages which family allowances have brought to Canadian children. But of the widespread appreciation of the allowances by Canadian mothers, there is little doubt. A Gallup poll last June showed 85% of Canadians in favor of family allowances.

## SOCIAL SERVICES IN A NATIONAL EMERGENCY

by Dorothy H. Sills

Social hygiene problems in a national emergency develop through the concentration and relative isolation of men, and the resulting movement of women and girls to these areas of concentration. Restrictive measures through official and law enforcement agencies are usually necessary to limit prostitution and to control disease. Social services are necessary for two major reasons:

- To prevent or reduce hazardous or damaging experience for women and girls who come into a community.
- Through assistance to them, to diminish the spread of delinquency.

These services must be planned in view of the necessary official regulations, and should include both direct case work assistance to individuals and active participation in general community and official planning.

By the nature of its program and through its accumulated experience, Travelers Aid is in a strategic position to give this kind of service. Our general aim is to assist with the problems of people who find themselves in difficulty when away from home. Such a purpose requires a two-fold program:

- To give prompt and effective service to the person in need of help.
- To work toward an improvement in whatever social conditions precipitate or intensify need for assistance.

Travelers Aid had the opportunity to carry out this two-fold program in the social protection program of World War II, and offered its services wherever there were local units, as well as through special services of members of the national staff. The program was based on cooperative planning with military and other government agencies on the national level. In each community, Travelers Aid participated in plans with local officials and also with other public and voluntary social services.

In all, more than 14,000 women and girls were given individual case work service. The effectiveness of that service was directly related to the timing of Travelers Aid participation in planning, whether before or after the pattern of control had been set, to the degree of cooperation that could be achieved locally, and to

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An address February 20, 1951, at the New York Tuberculosis and Health Association's annual conference.

the regulations locally enforced and the facilities available for putting them into effect. The fruits of this experience offer useful guides for effective planning in the national emergency we face today.

Before reviewing the services desirable in a social hygiene plan, let us consider the women and girls in whose interest these services would be provided. An analysis of our experience in the past, and we have no reason to anticipate that there would be any major changes in the present, reveals some interesting facts.

Half of this group were under 20, mostly in the 16 to 19 age-group, the rest were of all ages up to the 60's. One-third were wives, fiancees or friends of servicemen; another third, job-seekers responding to specific employment ads or hoping for employment in a rapidly growing community. Most of the rest were young girls looking for excitement and glamor and a chance for association with service personnel. Some moved into camp areas with the deliberate intention of soliciting, although only a few of this last group were known to Travelers Aid and therefore inconsequential in a summary of our experience.

With many of them, part of the impetus toward moving to a new community came from the fact that their home towns had been drained of young men, and therefore of satisfying relationships and social activities, or because lack of employment offered no opportunity for independence.

In general, these girls fell into four groups in terms of their socio-sexual experience:

- Those for whom there was no evidence of promiscuity and who denied any kind of misconduct.
- Those who seemingly had not been delinquent before leaving home, but who had become involved with one or more servicemen.
- Those who had been promiscuous before and who had no interest in changing this pattern of behavior.
- Those who were commercial prostitutes moving from camp to camp.

This last group was usually not known to Travelers Aid, perhaps because they were reluctant to use social agency services, although in many instances young girls in danger of getting into difficulty were referred to us by prostitutes.

One segment of the total group was composed of relatively mature girls who, with limited help, could work out satisfactory and socially acceptable personal plans. For the rest, while there was an infinite variety of differences, there seemed to be some elements common to many of them.



Many seek jobs and an opportunity to be independent.

There was appalling and widespread ignorance about venereal disease and the methods and facilities for treatment.

A great many of them had had no experience in living away from home, were hesitant about taking the necessary steps to find employment and a place to live in order to establish themselves in a new community, even though they had traveled hundreds of miles to get there.

Poor judgment in asking and taking advice from the most casual acquaintances was a frequent hazard.

Many had run away from unhappy home situations and had no strong ties or relationships or affection on which to build personal security. Others were eager for some measure of success in a new setting to compensate for failure in satisfying accomplishment at home.

In general, these girls seemed to be rather unstable, easily influenced, and tended to act impulsively. For some, this behavior was patently related to youth and lack of experience. For others, it indicated a lag or fault in social and character development.

When we project this composite picture of the girls who are likely to be attracted to military areas on that of a typical over-crowded one, it is obvious that social problems will arise and that social planning will be needed. The patent vulnerability of a large proportion of these girls points up their own need for protective or preventive devices. These same personality elements suggest that social services geared to their needs will be helpful and acceptable, at least to a large proportion of them. Travelers Aid's experience in World War II confirms this hypothesis.

As a part of or adjunct to a plan for control of social conduct, social services should be accessible to girls who are newly arrived in a community, as well as to girls who have already come to the

attention of law enforcement agencies. This accessibility depends not only on the physical location of the agency giving the service, but on the community's understanding of it and the readiness of local organizations of all kinds to enlist the agency's help in situations and at a time when it will be most useful. It is only through such cooperation that social services can be effective to individuals and to the other agencies concerned in a social hygiene program.

These services would be directed toward helping individual girls to find a way to establish themselves in the community on a socially acceptable basis, with awareness of the hazards inherent in an overcrowded area and with understanding of the purpose and methods established for control. Where lacks in the girl's own capacities or in the community's resources forecast failure in adjustment there, case work would be directed toward helping with the development of a plan to move to a community where personal ties or special resources offer a better chance for satisfactory and socially desirable adjustment.

Special supplementary services should include:

- A centralized housing service with investigated listings of rooms.
- Information and advice about available employment openings, particularly those appropriate for the young or inexperienced.
- Direction to recreational and other leisure-time facilities, both commercial and those under organized agency auspices.

Such guidance is important to strangers who have no personal ties in the community, who are unfamiliar with its resources, and who, through ignorance or loneliness, may be led into delinquency. The service requires not only skill on the part of the staff, but time enough for a sustained contact with the individual and cooperative planning with other agencies concerned, either in the community or elsewhere.

The girl herself can use this kind of help only if she can discuss her problems in some privacy, with assurance that her confidences will be safeguarded and with time enough to work through to a suitable plan. This last point has special bearing when the girl is in detention at the time social service is requested. Relief from the pressures and discomforts of usually crowded detention quarters may often be necessary before a girl can settle down to plan thoughtfully for her future.

It seems necessary at this point to call attention to some of the unfortunate results of too-rigid control devices in the past. Local regulations and law enforcement measures in World War II that did not permit discriminating application had seriously destructive



" . . . through  
loneliness or  
ignorance . . . "

effects on individuals, and they unquestionably handicapped the usefulness of social services. Indiscriminate arrests where there was no evidence of misconduct, unsegregated detention with no regard for the nature of the offense or of the offender, jail sentences imposed solely for medical treatment of those infected but not promiscuous—all brought in their wake a toll of human suffering impossible to estimate, either in its intensity or in its permanent effects.

Release from jail when "suspicions" proved unfounded, or from treatment centers after medical care had been completed, was too often a jump from the fat into the fire, when there had been no interpretation nor explanation of the actions that had been taken, and no provision for help in understanding and absorbing a grueling experience nor for reducing the shock and resentment it provoked. Adjustment of law enforcement measures to avoid these mishaps would mean a saving of social values not only to the individuals involved but also to communities themselves.

The permanent results of Travelers Aid's services in these 14,000 cases could be determined by a follow-up study obviously impossible to undertake. A review of the situations at the time cases were closed suggests that service on the whole proved useful. Only one-half of one per cent of the total group rejected our services when they were offered; 34% maintained contact with the agency until an acceptable and practical social plan had been developed; more than half of these finally decided to return home, in spite of the disappointment and chagrin such a plan meant for them; 18% of them were assisted in establishing themselves in the local community; the rest were helped with plans to move to other communi-

ties which were known to offer a reasonable chance for good adjustment. For many, follow-up service through other social agencies was planned.

While it must be recognized that some of these girls accepted Travelers Aid service as the only way of getting out of jail, many thousands of them cooperated with the case worker not only in planning but in putting their plans into effect.

In conclusion, social service has a role to play in any plan devised to protect society from the potential results of mass concentrations of troops. The community may need help in identifying and establishing local resources, particularly valuable to the women and girls who inevitably will be drawn to the community, if not actually recruited to work in it.

Housing facilities that afford both privacy and safety for young girls, employment services that provide counseling and prevent exploitation of the young and inexperienced stranger are useful preventive devices. Recreational opportunities that offer normal social contacts are also important. In addition, individual services to each woman or girl to meet her own particular needs may help her to avoid the pitfalls that endanger her, and thereby prevent the further hazard her delinquency would add to the local scene.



Does your community have a centralized housing service for soldiers' families?

## REHABILITATION OF WOMEN SEX OFFENDERS

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by Miriam Van Waters

This article is written from the viewpoint of a superintendent in a large state reformatory for women, where 80% of the population are committed for social offenses, drunkenness, sex offenses, neglect of children, vagrancy or idleness and disorderly conduct.

Rarely do these charges express the true picture. An arrest for drunkenness may be made by one law enforcement officer where another would lodge a sex charge. The importance for treatment lies in the length of sentence. In Massachusetts, an alcoholic gets a one-year sentence, and all other offenses receive two to five years, or more.

The problem of the sex offender is not isolated. It cannot be considered apart from other offenses, nor from the total personality. Innumerable illustrations show this to be true. An 18-year-old girl serves a five-year sentence for perjury. She had been taken to court to prosecute a man for the paternity of her unborn illegitimate child. On the stand she reversed her testimony and was charged with perjury.

A woman is prosecuted for larceny which consisted in taking \$5.00 from a man she had intercourse with. She said it was a misunderstanding, for she believed the man had agreed to pay. A persistent petty thief is shown, on diagnosis, to steal only under the influence of sex-drive, which she suppresses by this means.

So the problem becomes merely the diagnosis and treatment of the individual delinquent.

However, a few general statements must be made. First, the public attitude tends to set the sex offender apart from others, and this creates obstacles to rehabilitation. Second, there is marked discrimination in the legal penalties applied to men and women. Women receive the heavier penalty. Especially is this discrimination seen in the sex offenses where men and women are partners: adultery, cohabitation and fornication.

Added to this is the status of the prostitute. In most states, the law is such that the woman is considered the only guilty one, or the more guilty. Not until both parties to the business of prostitution are deemed equally culpable can it be outlawed. The woman prostitute knows this. The situation blocks any real reform.

In considering treatment, the motivation of the offender's way of life must be discovered. This discovery is based on a pre-

liminary case-study, supplemented by observation in situations approximating normal life in a community.

The diagnosis is made by a classification committee. The physician, psychologist, chaplain, social worker, vocational supervisor and recreation leader, and sometimes the psychiatrist, take part in the work of classification. Each studies the case independently and makes a report of findings. There is a balanced discussion.

#### *The Result Is a Profile*

Profile is a term used to describe the relationships between physical, psychological, social and other factors. To illustrate by a concrete example: A woman, 39, married, with 2 children, is sentenced to two years on a neglect-of-children charge. The social worker describes the neglect, filth, mother's drinking, children sent verminous to school. The husband is a good provider, faithful, non-drinking. The mother was put on probation. Then she ran off with a married man, returning voluntarily. Probation was extended and a day-work housekeeper called to instruct the woman. Result: continuing neglect and sentence to the reformatory.

The social worker recommends no early release, hard work, strict discipline. It sounds reasonable.

"Wait," says the resident physician. "This woman appears healthy, but she is anemic and there is a serious calcium deficiency and consequent lack of energy. There are times when she doesn't know if she is dead or alive."

"Build her up. Give plenty of rest," write the busy pens of the treatment experts seated at the Classification Board.

"All the calcium you give her won't have the slightest effect," retorts the psychologist. "This woman can't sleep. She has nightmares which are, in her case, an expression of acute anxiety. In short, a complex."

Now if we add some notes as to personal interests, a good intelligence, skill in handcraft, aversion to cooking, love of nature activities and music, we have a profile. What this means for action is the basis of treatment.

She is to be under medical supervision. She is to receive daily counsel by the psychologist. She is to have a work program in the nursery and classes in the diet kitchen and in child development. She is to join the Audubon Club and the choir, and she is to have no early release. Visits from her husband are to be supervised by the social worker.

At the end of four months, improvement was noted. In 11 months, she was ready for parole, and on release re-entered her home, a rebuilt woman.

The sex offense episode in her career was not the primary difficulty. It was the last straw which ended the patience of the probation officer. It was the means of bringing a sick woman into a treatment focus. Her rehabilitation depended on the pooled efforts of doctor, social worker and psychologist. In this case, the chaplain worked with all three and was particularly helpful in interpreting the wife's needs to the husband.

Treatment should be aimed not only at adjustment to the social environment from which the offender came, and to which she must usually return. Treatment must be aimed to reach something deeper in the woman herself. Experience teaches us that women tend to conform to the pattern of morality of their age-group in the same economic and educational and social levels. This pattern varies in different communities. We will know more about the whole problem when the Kinsey report on women's sexual behavior and attitudes appears.

Until the Kinsey report appears, any generalizations must be regarded as tentative, to be made with the caution of an individual



On the way to court.  
Charge: Prostitution.

observer. Yet it does appear that women conform more than men and are very dependent upon approval. While under treatment in a correctional institution, everything is done by teachers and counselors to supplant poor standards with good ones. The offender usually responds and is encouraged by approval. However, the standards of the counselors are not those of the community to which the girl must return.

When the woman returns to her community, the contrast is sometimes overpowering. What she has been taught as valid in the reformatory no longer wins approval but ridicule. She misses the contact encouragement of those who praise her work, her politeness, her consideration for others, her constructive use of leisure time. Approval goes to the smart wisecrack, the quick drink, the ready date, especially to the one who "can get away with it." The woman with a baby to support not only gets behind in her child's board, but finds her adult interests interfere with being a loving mother.

Surely something is wrong when the core of treatment misses an attack upon the woman's *real* interests.

Here with profit we may read the chapter on desire and mental health in Dr. Abraham Myerson's new book, "Speaking of Man." \* His central point is that when we no longer enjoy with zest what we are doing we are mentally sick. Mental health may be achieved in a variety of ways and by many means of adjustment. But where the will to live and enjoy is lacking, there is danger.

So we must ask ourselves early in treatment, "What does give this woman *real satisfaction*?" She may be stimulated to imitate the teachers and counselors around her as long as she is under control. She may *appear* interested and satisfied, but when she is out from under control how will she *feel*?

Answers to these questions may be gained in three ways:

- by good observation of spontaneous activity in both formal and informal groups;
- by the use of techniques in group therapy and psycho-drama;
- by the interpretation of psychological tests like the Rorschach and Zondi, or by study of the free expressions in drawing and use of color.\*\*

\* MYERSON, ABRAHAM, M.D. Speaking of Man. New York, Alfred A. Knopf, 1950. 279p. \$3.00.

\*\* Mrs. Priscilla Reed, art therapist at the Reformatory for Women, has developed tests in this direction.

There must, then, be projects worked out in harmony with the motivation of the personality we are trying to help. Let us give an example. A sex offender who is constantly restless and disturbs groups appears to be asking for punishment. On admission when drunk, she accused her husband of beating her. When she recovered, she was in panic. "He never beat me. He is the kindest of men. He is coming to visit me today. He will be so hurt. I hope no one will tell him what I said." She writhed her whole body as if in pain.

A trained observer noticed this. It was the clue to her delinquency. By a pathological twist, this woman associated physical pain with sex. She had feared the beatings of her father, yet relished them.

Her mild-mannered husband did not suit her. She sought something she did not understand. To adjust this woman, psychological therapy had to seek her real motivation, which when relieved of its pathological quality, turned out to be service, any kind of service, preferably to the sick.

Many other cases show more "normal" motivations. They are usually beneath the surface. To give them proper outlet, an intensive individualized program is necessary. Then a follow-up in the community to continue to provide constructive but acceptable outlets is needed.

To sum up, our laws on sex need to be re-examined and brought into harmony with the moral standards of our time. The punitive features must give way to scientific diagnosis and treatment. Discrimination between men and women should be eliminated.

We should understand the laws of growth in personality, and work with these laws by means of science and religion. We cannot initiate growth, but we can by our social action either retard it or assist it.

The rehabilitation of offenders is a hopeful project, if we use the resources now available unhampered by superstition or politics.

#### **HAVE YOU . . .**

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## CIVILIAN-MILITARY COOPERATION IN VENEREAL DISEASE CONTROL

by Harry Pariser, M.D.

The principles of VD control confronting a health department are approximately the same in any community of significant size. However, in a military area such as Norfolk, there are problems peculiar to the local setup which require certain adaptations to fit the military as well as the community needs.

It is common knowledge that the military venereal disease rates are roughly a reflection of the civilian incidence and the degree of promiscuity in the community. In Norfolk, the problem is unique in that the proportion of military to civilian personnel is probably higher than in any other community in the country. In fact, most of the major naval installations are located directly adjacent to the city.

It is not my purpose to discuss the overall principles of case-finding, which have been adequately presented previously and which have been analyzed specifically for Norfolk.\*

Briefly, in Norfolk the largest number of admissions of new infectious venereal disease cases has been through voluntary application to the clinic. It is believed that this stems from one of the basic premises of the VD educational program in Norfolk, namely, that it has been our consistent educational policy to stress through all possible media of public information the availability of venereal disease services. This information has been geared primarily to groups of potentially high incidence of venereal diseases.

As a result of the experiences gained in the last war, it is our considered opinion that too much and too varied information of a factual nature is not nearly as effective as the constant stress upon availability of venereal disease services, namely, where to go, how to go about getting there, the assurance of good treatment, its availability under reasonably pleasant circumstances at no cost to the individual. This does more to get cases under treatment

\* PARISER, H.: Analysis of Case-Finding Methods in Community Venereal Disease Control. *Journal of Venereal Disease Information*, 26:120 (June), 1945.  
BELL, A. H., AND PARISER, H.: Norfolk Faces an Issue—A Progress Report on Social Hygiene Efforts in a "War-Congested" Area. *JOURNAL OF SOCIAL HYGIENE*, 31: No. 7 (Oct.), 1945.  
PARISER, H.: A Proposed Clerical System for a City Venereal Disease Control Program. *American Journal of Syphilis, Gonorrhea and the Venereal Diseases*, 31:181 (March), 1947.

than long discussions about the stages of the disease, lesions, significance of blood tests, methods of transmission, etc.

It is felt that when a person suspects he has a venereal disease, as he will if he has a promiscuous behavior pattern or develops lesions, the most important thing to know is where to go. Further information can be given on an individualized basis, depending upon circumstances and needs. This employs the well-known propaganda technique of repeating the same facts concerning the availability of services in many different ways, so that when need arises for the service the individual knows what to do.

Another frequent source of voluntary referral for potentially infected individuals is patient-to-patient referral, which stems from the feeling that satisfactory handling has been obtained in the clinic.

The second standard major case-finding device, that of routine blood-testing, needs only brief mention here. Our experience indicates that a relatively unsurveyed group of potentially high or average venereal disease incidence will produce a fairly significant amount of venereal disease by routine blood-testing and examination for gonorrhea. Resurveys of average incidence groups are less effective with each resurvey.

On the other hand, in the potentially high incidence groups, such as jail populations, tavern employees, etc., resurvey will give a sufficiently high yield of venereal disease to warrant repeated specialized surveys.

However, it is especially in the realm of epidemiology that the military situation produces its particular problems. In Norfolk, approximately 30% of all epidemiologic information is received at the venereal disease clinic from military sources.

It has always been our firm conviction that a close liaison with all agencies, military and civilian, interested in venereal disease and prostitution control, is the key to success. It is important that direct personal communication be utilized to its fullest extent. This requires knowledge of the naval and civilian administrations which serve the area, as well as a working acquaintance with the individuals involved.

A brief discussion of the naval groups may be in order. There is a director of discipline, who is in turn chairman of the Joint Armed Forces Disciplinary Control Board, which has authority under the commandant to enforce naval discipline both ashore and aboard. Membership in this board is entirely military, but for purposes of consultation members of the police department and venereal disease control division of the Norfolk health department are invited to attend all sessions.

One of the major purposes of this agency is to point out factors detrimental to the health and welfare of servicemen to establishments concerned (both civilian and military) and to endeavor to correct the situation by mutual understanding. It employs the weapon of "out-of-bounds" reluctantly, as a last resort when all other methods have failed. The board leans heavily on factual information furnished by civilian agencies, but acts only in accordance with its own findings and convictions. These meetings constitute top-level means of communication between civilian and military authorities for better understanding of mutual problems.

A separate chain of command in the Navy directly concerned with the VD problem stems through the district venereal disease control officer in the medical administrative corps, who is directly responsible to the district medical officer.

The Navy venereal disease control officer and the epidemiologist of the city's venereal disease control division are in almost daily personal communication in the following ways: All useful epidemiological information obtained in any of the naval establishments in this area is reported by telephone direct to the VD clinic by the various venereal disease control workers in these naval installations. If, as a result of the civilian investigator's knowledge of the city and its problems, the telephoned information needs clarification, reinterview is advised along with certain suggestions. These have always been well received and appreciated. Often the same day or in a few hours an inadequate report, after reinterview, becomes adequate for investigation as a result of this telephone communication.



If the information is initially adequate, the investigation is routinely begun immediately. As a result of this rapid interchange of information, it is not infrequently possible to complete an investigation within a 24-hour period. Because of the transient population of Norfolk, this type of procedure is imperative. Routine forms are then completed upon arrival, which is usually from two to five days later.

While such effective close coordination has been established with shore activities, the problem afloat presents difficulties which have not to date been resolved. Unfortunately, while venereal disease is contracted ashore, clinical manifestations often appear after the ship has left port. Unless VD control personnel aboard ship may utilize the telegraph or other fast means of forwarding contact information ashore, a serious time lag ensues, which makes even fairly accurate epidemiological information of little or no value. At times, this lag is as long as four weeks. It is hoped that this deficiency will be remedied.

Another direct result of this personalized relationship is that the civilian epidemiologist can discuss with the district venereal disease control officer, who is a voting member of the Joint Armed Forces Disciplinary Control Board, problems which frequently arise in the field.

One problem has been cooperation, or lack of cooperation, on the part of individuals whose positions give them a definite place in our epidemiologic efforts. They include desk clerks, tavern owners, bartenders, barmaids, hotel managers, bellhops, janitors, maids and a host of others whose help is needed and whose reliability can easily be checked.

It is frustrating for the civilian epidemiologist to meet the smiling face of the uncooperative, misinforming individual who covers up promiscuous activities and hides the identity of individuals with whose whereabouts he is quite familiar, thereby blocking our epidemiologic efforts. Such persons waste a great deal of our valuable epidemiologic time and become bolder and bolder in their misleading statements if they feel there is no check. Their moral concepts and their public conscience are close to zero. Nothing short of threat, veiled or apparent, will induce them to cooperate. A threat is never directly communicated by the health department but can be subtly implied.

While the health department's approach is that of voluntary cooperation in its dealings with both the informant and the individual to be reached, it is the conviction of the VD control division that if information concerning misleading intermediaries, who really operate directly or indirectly as facilitators, can be placed in the hands of the district venereal disease control officer (for transmission to the Joint Armed Forces Disciplinary Control Board and for further study by the shore patrol and the police department), epidemiological efforts will be well served. The health department remains anonymous, but is frequently in the best position to furnish such information.

In a military area such as Norfolk, it is important to pool information from all sources and to transmit it to the proper body for evaluation. It has been repeatedly demonstrated in Norfolk that facilitators can be induced to give valuable cooperation if the potential of reprisal is in the background. The cooperative individual knows he will be given every opportunity to continue to operate a legitimate business.

In a military area, the overall end-results must be kept in mind by all agencies interested in reducing venereal disease in the Armed Forces and civilian populations. While the duties and functions of each agency—health department, police, military and social agencies—are clearly defined and carried out from inception to completion independently in their respective fields, the pooling of information for the common goal towards which we are all striving is advantageous to all agencies.

Another specific example of such cooperation consists in the situation in which the shore patrol and the Armed Forces Disciplinary Control Board delay any "out-of-bounds" action while exchanging information with the health department to discover if epidemiologic work needs to be carried out before continuing with their original plans. The health department can complete this epidemiologic work before the individuals are scattered by the closing of the establishment.

#### *Tavern Owners Pledge Cooperation*

One may quote other situations of similar nature. For example, as a result of close cooperation and pooled information, Norfolk tavern owners formed an association which pledged cooperation with the law enforcement, military and other agencies to self-police their own establishments. It should be carefully noted that this association was formed only after Norfolk's director of public safety threatened to institute proceedings which would have eliminated all girls from employment in these taverns. Our epidemiologists have noted marked cooperation on the part of the members of this association, and frequently completion of epidemiological investigation is now possible only through this cooperation, yet only a few months before such cooperation was unknown.

The health department knows that it has definitely gained valuable assistance as the result of this threat by another agency, the Department of Public Safety. No tavern employee is discharged as a result of epidemiologic investigation if examination and treatment is accepted.

Norfolk's venereal disease division never loses sight of the fact that voluntary application to the clinic is its major source of case-finding. Threat of use of police power never comes directly from the health department. Nevertheless, there are certain types of promiscuous, amoral individuals and known spreaders of infections who have defied actively any attempt to place them under examination.

One must realize that many hard-bitten, tough transient types flock to a port like Norfolk. After exhausting its attempts at voluntary application of such individuals to the clinic, the health department is not adverse to dropping a gentle hint in the proper direction (such as in the neighborhood of the shore patrol and the police division), so that these uncooperative individuals can be more specifically watched. Almost routinely, this anti-social belligerent type of person can be discovered committing some offense against the moral statutes, and so will be subject to arrest on morals charges. Arrest is made not on epidemiologic information but on law violation. Following conviction, examination can be made.

Except for the original suggestion, the health department does not participate in any of these subsequent actions, except as required by law after conviction on morals charges. Again, it is felt that the health department has lost nothing in its overall picture and has successfully and legally removed a spreader of venereal disease, and by subsequent medical treatment rendered the individual non-infectious. We believe that voluntary application to the clinic would suffer if the investigators were seen hobnobbing with law enforcement agents (police and shore patrol), a situation which is not permitted, but we feel that a telephone hint in the proper direction produces results which can be reflected in our lowered VD incidence and represents a community service.

The health department has always taken a firm stand concerning the advantages of suppression of prostitution. While it may be argued that prostitution as such is of no concern to the health department, it is our firm conviction that it is of major concern to, but not an administrative responsibility of, the health department. As a result of the attitude of the health department and the naval authorities, the police department has obtained official support for a program of suppression which is being carried out with great vigor in this city. The police activity has contributed immeasurably to the sum total efforts at community clean-up and quite directly has reduced sources of potential exposures, and thereby limited the spread of venereal disease infections.

It has been the feeling that without a vigorous program of suppression, the health department, no matter how efficiently conducted,

operates on the periphery of the problem. Before a vigorous program of suppression was initiated two years ago, the military rates for infections contracted in the Norfolk area were 82.9 per 1,000 per year. Moreover, the American Social Hygiene Association reported very unfavorably on the amount of prostitution in the city. Contrast this with figures of the Fifth Naval District today, showing a rate of 20.1 per 1,000 per year and the recent report of the American Social Hygiene Association indicating definite progress and no obvious prostitution.

Certainly, the health department approves and encourages and is pleased, and while it does not participate in the suppression activities directly, it watches with extreme interest on the sidelines while the police department, headed by a man who really believes in suppression, does an excellent job along these lines.

At the present time, it is the opinion of all members of the venereal disease control program that more individuals of the promiscuous behavior group come to the clinic voluntarily than ever before. Therefore, it is felt that this studied and judicious close cooperation with other agencies, particularly law enforcement, has not interfered with the major efforts of health department case-finding.

Another factor in tightening our control is a close liaison between the several Navy family clinics in this area. Not infrequently, Navy dependents have attempted to avoid medical examination by stating that they prefer to go to "dependent" clinics. Unfortunately, there is a significant number of promiscuous individuals who married naval personnel for financial reasons. Such individuals are eligible for treatment at these family clinics and not infrequently choose to be examined there. Results of their examinations are available to the health department. Their failure to attend these clinics after a reasonable period of time is reported back to the health department. Epidemiological efforts can then be initiated by the venereal disease division.



One of the most significant developments which has come about in our relation with the Navy has been the establishment of a training school in conjunction with the city health department, for the purpose of teaching naval personnel the problems of civilian venereal

disease control. This school is a part of the physical structure of the clinic occupying the east wing of the health department's building. The plans for the training program have been initiated largely through the efforts and foresightedness of the United States Public Health Service and the Virginia State Department of Health, with the full approval of the Navy Department and the enthusiastic support of the city.

It has long been felt that some of the biggest points of misunderstanding between the civilian health departments and the military during the war came about from a lack of understanding of the civilian problems involved. Not infrequently a new, enthusiastic, young, naval venereal disease control officer, or possibly a corpsman, would phone the health department, holding in "righteous" indignation a contact report giving full name and address of a source of infection to a military person. Time and time again, criticism amounting almost to invective would be shouted over the telephone. "Why can't you get this girl after we struggled so hard to get this information?" Or even more indignantly, "Why isn't this girl locked up?"

Such "righteous" arguments were not unusual. They simply revealed that an appalling lack of understanding of the problems involved in the civilian VD control program existed in some military personnel assigned to venereal disease control work. It is hoped that this will be corrected by means of the classes, and that sufficient basic knowledge of the overall problems will be obtained by direct participation in local activities.

The medical and epidemiological staffs of the city's VD control division participate directly in the teaching in this school. The teaching of techniques of interviewing is done by a well-trained qualified individual assigned by the United States Public Health Service and the material used is obtained from the clinic population. Other persons who attend the school are police officers assigned to the vice squad, members of other divisions of the city health department, and investigators and nurses from other cities and states.

The school, however, is geared primarily toward the needs of naval personnel. We believe that their instruction in the school has contributed to more efficient epidemiological work. The knowledge of the physical aspects of the community and of its local laws, in terms of both its limitations and its advantages, as well as knowledge of the health department's functions gained by first-hand observation, contribute to a sum total better job.

This type of instruction can be adapted more or less to any community in which military activities play a significant part. It is only by direct participation in local activities that a military epidemiolo-

gist can perform his duties to a maximum degree. It is more than one has a right to expect that an interviewer, no matter how well trained, can do a good job without knowledge of the community from which most of the VD infections in military personnel are acquired. During the war, other things being equal, it was common experience that the individual who possessed knowledge of the city and city problems produced a significantly higher percentage of useful information in his epidemiological interviewing than the person equally well trained but without knowledge of the community.

We hope that this school will show itself to be sufficiently valuable to serve as a model for other similar projects in military areas.

Norfolk's health department makes consultative services available to the Navy for any special venereal disease problems which may arise. The civilian consultant, in addition, conducts a training course for interns and residents at the U. S. Naval Hospital, Portsmouth, Va. This also serves as a means by which medical information between civilian and military authorities can be interchanged and has created a close personal relationship between the medical staffs.

Another educational effort in which Norfolk's venereal disease control personnel has participated has long-range objectives. While this does not directly concern the military, it does indirectly in that members of the health department's VD division have been actively interested in courses in "Health and Human Relations" in the public schools and have participated in the teaching of parents and teachers in the school system. Such long-range plans, it is hoped, will produce the type of thinking which may lessen the probability of exposure to venereal disease and strengthen the moral code of our youth, some of whom will eventually become members of the Armed Forces.

#### *Summary and Conclusions*

As the result of mutual objectives in venereal disease control, a close liaison has been established between Norfolk's health department and the military personnel concerned with the VD problem in the Norfolk area. This is particularly true in the epidemiologic aspects of venereal disease control.

Information obtained by military interviewers is promptly telephoned to the health department, which is adequately staffed to initiate investigation within a few hours. Since frequently successful conclusion of VD investigations depends upon "leads" obtained from various sources which may prove cooperative, a detailed discussion as to how excellent cooperation is being obtained in Norfolk is presented.

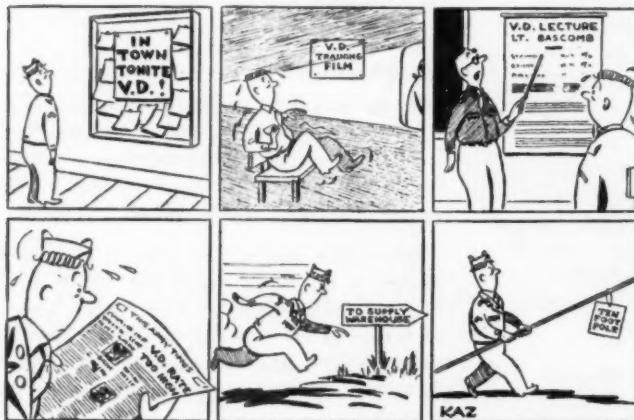
An effective program revolves around frequent interchange and pooling of information among all agencies involved in control, and the use of the proper proportions of persuasion and threat, followed by action when necessary. Persuasion is the only weapon employed by the health department, but the judicious application of threat or action by other agencies (police, shore patrol or Armed Forces Disciplinary Control Board) has enhanced rather than weakened the effectiveness of the epidemiologic efforts of the health department. It should be noted that practically all epidemiologic information obtained from the Navy concerns individuals of probably promiscuous behavior patterns accompanied by characteristics of antisocial and suspicious nature.

One of the most promising aspects of these joint efforts at VD control has been the establishment of a training school for navy corpsmen in Norfolk's venereal disease clinic. Teaching is carried out by civilians. The instruction which military personnel obtain concerning civilian problems both in the clinic and in the field will, we believe, make for better understanding and better epidemiologic work.

Civilian medical consultation and instruction for naval physicians has been successfully conducted for several years, and has created a close relationship between Norfolk and the medical department of the Navy. The relationship so well established is paying off in better health in both the community and the Navy.

### I Wouldn't Touch It, etc.

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## BOOK NOTES

*Ritual in Family Living*, by James H. S. Bossard and Eleanor S. Boll. Philadelphia, University of Pennsylvania Press, 1950. 228p. \$3.50.

Believing that ritual may be the best starting-point for the study of family life and a relatively reliable index of family integration, the authors cover the case histories of more than 400 families. They define ritual as a prescribed, rigid, purposeful procedure with overtones of rightness. Interviews, reminiscences and autobiographies reveal trends in family ritual from 1880 to 1946, with differentiations according to social, racial and religious elements, with special "social class" breakdowns.

Amply illustrated with case material and clarified with summaries at the end of each chapter, the volume represents an original approach to the study of family culture.

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*Into The World*, by Victoria Emer-  
son and James J. Thompson.  
New York, Woman's Press,  
1950. 125p. \$2.00.

*Into the World* is about the beginnings of life. It is also an exciting adventure story which most children from nine to 13 years of age will thoroughly enjoy.

Ten-year-old Ellen Gordon, a little city girl, goes with her family to spend a few days on the Sanford farm. She meets John Sanford, 11, and together they explore the delights of country life. They are wakened at night by a "prowler" and follow him in the moonlight to the barn where something very wonderful happens. Hortense, who looks like a cow but is not a cow, has a calf. Ellen is chased by Horace, the bull, and John saves her life. Later, when John visits Ellen at her home in town, the youngsters are involved in the mysterious disappearance of some very important papers. These are found under circumstances which bring great happiness to the Gordons, particularly to Ellen's big brother, Fred.

It is in the treatment of these dramatic episodes that this little story becomes "different." It somehow gives one the feeling that the questions Ellen asks about sex and birth are *right*, that to censor them out of an account of her experiences would be to rob these experiences of essential meanings, whether the book were written for instructional purposes or not. The adults in this story who answer these questions are sensible people who love their youngsters and respect their need to understand the *wholeness* of life.

One of the very nice things about this book is the wise and sympathetic way in which it deals with the courtship and marriage of Fred and Nancy. The starting of their family is part of the central theme and is skillfully related to the broader focus. Particularly

well done is the wedding scene in which the marriage ceremony is explained and the marriage vows are reverently interpreted.

The sex education of children is one of the most difficult problems facing parents and teachers today. Those looking for material to supplement and enlarge upon understandings developed in their talks with boys and girls will find this small book an invaluable resource. There are many good stories within the story which can be told to younger children.

MURIEL W. BROWN

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*Personal Adjustment, Marriage and Family Living*, by Judson T. Landis and Mary G. Landis. New York, Prentice-Hall, 1950. 392p. \$3.00.

Written for those in their teens, this book is intended to help young people adjust properly to life's problems by understanding themselves and those with whom they have contact.

There is emphasis on the contributions necessary for happy family living, including discussions on problems and needs of grandparents. Effective emphasis is given to emotional values in dating, engagement, marriage and parenthood, but the physical and physiological relationships have been overlooked.

Some of the chapter headings give more specific indication of the content: What You Are, How We Meet Our Problems, Getting Along with Others, Dating, Engagement, Religion and Marriage, What It

Means to be Married, What About Quarreling?, You and Your In-Laws, Consumer Economics and Family Security, Divorce, Approaching Parenthood, Parents and Children, The Successful Home.

The book has many timely illustrations. Some are cartoons to provide humor; others are graphs and charts to enlighten the reader. Occasional checklists and self-testing devices add to the interesting aspects of the book.

At the end of each chapter are study aids: questions for review, problems and activities, words and terms, films and suggested readings. The appendix contains a list of films, filmstrips and their sources. There is an index for ready-reference.

MOREY R. FIELDS

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*Sex Education As Human Relations*, by Lester A. Kirkendall. New York, Inor Publishing Company, 1950. 351p. \$4.50.

Dr. Kirkendall's latest contribution to the field of sex guidance presents many valuable aids, especially to teachers and administrators. The great volume of background material accumulated through the research and experience of the author builds a solid case for sex guidance.

Part I lists the evidence of the need for sex education and the favorable results of established programs. Part II is devoted to the philosophy and objectives. Part III, to institutional relation-

ships; i.e., home, church, school and community. Part IV, to methods of procedure and teacher qualifications, techniques, individual and group dynamics, evaluation and appraisal of programs. Part V, to content and materials.

The author is not, in any way, guilty of overemphasis in any one phase of the work. Neither has he taken merely a materialistic approach. He has, with remarkable foresight, weighed and presented the physical, social, emotional, moral, spiritual and ethical elements necessary to the adequate presentation of such vital and personal training.

Dr. Kirkendall has minced no words nor kowtowed to the inhibited and misinformed, but has objectively and humanely approached the subject of sex guidance in a manner defying opposition on any grounds.

In this book, he has compiled a most complete and comprehensive bibliography and list of source materials and other teaching aids.

This book is a must for teacher and administrator and a valuable addition to the home library.

WILLIAM F. BENEDICT

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*But You Don't Understand*, a dramatic series of teen-age predicaments, by Frances Bruce Strain. New York, Appleton-Century-Crofts, 1950. 217p. \$3.00.

Josie "took things" . . . Pat was afraid of boys . . . Shorty wished he were taller . . . Stanley worried

because he was "adopted" . . . Babs and Phil married in haste. Whether it was these problems or those of the other young people who make up the cast of characters in this new book, all had a common denominator—lack of understanding, as they thought, on the part of their elders.

This wail of youth across the gulf between the generations is one familiar to all parents and others dealing with young people, through all time. Often it is heard with a tolerant smile and put down as mere adolescent temperament. Sometimes elders listen with seriousness and sympathy, but, knowing no way to bridge the gap, feel themselves as frustrated as the youngsters.

Not often enough, Mrs. Strain believes, do those charged with the training and guidance of youth realize that here may be the start of real trouble, which, if recognized and understandingly dealt with, may be averted.

She has written here 12 short dramatic stories, each built around the central figure of a fine, normal boy or girl brought into a critical emotional situation through lack of understanding of economic, social or sexual needs. She has furnished for each predicament a practical solution, though not always in terms of the usual "happy ending." As a skilled writer, she has presented her thesis in words that both grown-ups and young folks will understand and enjoy, with benefit to all.

JEAN B. PINNEY

*Psychosexual Development in Health and Disease*, by Paul H. Hoch, M.D., and Joseph Zubin, New York, Grune and Stratton, 1949. 283p. \$4.50.

This little volume presents the papers delivered at a conference of the American Psychopathological Association. The editors state that the articles and discussions aim at revealing "the great differences in opinion among competent observers and at demonstrating clearly that even though we have amassed a great quantity of observations, we still lack a comprehensive understanding of sexual behavior." No doubt that aim is achieved in the present volume.

Part I, "Orientation," deals with concepts of normality and abnormality in sexual behavior and psychosexuality in animals, and in various societies other than our own—i.e., western civilization.

Part II, "Anthropologic Approach," discusses sexuality in a primitive Indian group and in a non-literate culture, and psychological weaning in childhood and adolescence.

Part III, "Clinical and Psychoanalytic Approach," discusses childhood sexuality, adaptational view of sexual behavior, and psychosexuality in psychoanalytical experience.

The material is interesting. The authors are well qualified in their respective fields of science. Professionally trained and well oriented readers will find considerable of significance in this book. For others, it will, as suggested by the editors, settle no problems but

leave unanswered all questions of "what to do."

It seems to this reviewer that this field of study needs an A. N. Whitehead—both a scientist and a philosopher to relate facts to all the other pertinent facts in a wide variety of fields of knowledge. Nothing is true or significant by itself alone, but only in relation to other facts and experience. One of the discussants brought out this same point when he complained that what the speaker had done was to "tear sexual behavior out of the entire social context and give us only the end products. No, human sexuality cannot be studied in this way."

CHARLES WALTER CLARKE, M.D.

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*Principles of Internal Medicine*, by R. R. Harrison, M.D. (editor-in-chief), with Paul B. Beezon, M.D., William H. Resnik, M.D., George W. Thorn, M.D., M. M. Wintrobe, M.D., and 48 contributing authors. Philadelphia, Blakiston Company, 1950. 1590p. \$12.00.

This impressive book is the work of men actively engaged in medical practice, research and teaching. With one exception, the editors are members of the medical schools of Texas, Emory, Utah and Harvard universities. Of the 48 contributors, 24 are associated with these four schools, the remaining 24 being associated with 15 other medical schools and five research institutes. In a work such as this, where only the widest possible limitations are placed on

the definition of internal medicine and where the latest research data are embodied in the numerous sections comprising the book, it is desirable, if not necessary, to have numerous contributors, each a specialist in his field.

The approach of the editors and authors is a novel one. They begin by considering at length the cardinal manifestations of a disease—pain, weakness, shortness of breath and cough, disturbances of circulation, indigestion and jaundice, polyuria, oliguria, uremia and edema, alterations of weight, and anemia, bleeding and lymphadenopathy. Part II deals equally intensively with physiologic considerations, Part III with reactions to stress and antigenic substances, Part IV with metabolic disturbances and Part V with disorders due to chemical and physical agents.

The first five parts require half the book for these presentations. It is only on page 776 that the authors begin, where the conventional text of the past usually began, to deal with diseases due to biologic agents. The seventh and final part of the book deals with diseases of organ systems.

The new approach of this book is refreshing and will be welcomed by all internists and general practitioners of medicine.

Syphilis is always included in books on internal medicine and is adequately dealt with in this text. The author of the section on syphilis is Dr. Albert Heyman, a brilliant young member of the faculty of Emory University and of the

staff of the Grady Hospital, Atlanta. He also wrote the sections on other spirochetal diseases, including yaws and pinta.

Such diseases as granuloma inguinale and lymphogranuloma venereum, which only occasionally present systemic manifestations, are not usually included in books on internal medicine, but they are included in this work. Attention is called to the fact that granuloma inguinale sometimes causes arthritis and osteomyelitis, resulting in death. Lymphogranuloma venereum causes systemic manifestations—fever, headaches, malaise, anorexia and chronic rectal lesions often mistaken for tuberculosis or carcinoma.

Gonorrhea, the commonest infectious disease excepting only measles, frequently has grave systemic manifestations, including arthritis and tenosynovitis, and quite rarely perihepatitis, endocarditis and bacteremia. Dr. Max Marshal, also of Emory University's Medical School, wrote the excellent section on gonococcal infections.

In view of the time required to write, edit, publish and place on the market such a book as this, it is remarkable that the treatments suggested for the several venereal diseases should be up-to-date, for their therapies have changed, especially during the last two years.

From a literary standpoint, this book is economic of words—nothing picturesque or dramatic. It is well printed and adequately illustrated.

CHARLES WALTER CLARKE, M.D.

*Principles of Public Health Administration*, by John J. Hanlon, M.S., M.D., M.P.H. St. Louis, C. V. Mosby Company, 1950. 506p. \$6.00.

Personnel management, principles of government, law and organization, personal and public relations, budget-making, engineering, epidemiology, vital statistics, education, laboratory sciences are fields of knowledge with which a public health administrator must be familiar in addition to being a well-trained physician. These fields comprise the subject matter of this excellent book.

Part I gives the historical background of modern public health. Part II deals with administrative considerations. Part III deals in some detail with the present typical structure of official public health organizations—by functions—as well as with voluntary health agencies.

In a number of respects, Dr. Hanlon's book is unusual among the large collection of works on public health. It is well written and enlivened and embellished by references to a vast background of history and literature. It is primarily a book on public administration as applied to public health, and it demonstrates sound knowledge of and experience in good administrative practices.

Every public health worker should have and should study this book, and others may read it with interest and benefit.

CHARLES WALTER CLARKE, M.D.

*The Social Welfare Forum*, 1950. Proceedings of the National Conference of Social Work. Volume 1. New York, Columbia University Press, 1950. 344p. \$4.25.

The first of two volumes, this contains fewer than 20 of the principal addresses given at the National Conference of Social Work in Atlantic City in April of 1950.

Taking as a theme, "Opportunity, Security, Responsibility: Democracy's Objectives," the proceedings spotlight the social changes taking place in America. Part one deals with physical, mental and social well-being; part two with the Survey Award; and part three with a report of the section and associate group meetings.

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*Directory of Social Agencies of the City of New York, 1950-1951*. Committee on Information Service of the Welfare Council of New York City. New York, Columbia University Press, 1950. 513p. \$5.00.

This 48th edition covers about 1,100 non-profit social and health organizations which have reported data and borne a share in the publishing expense of the book.

The first list is classified according to function, the second according to the name of the agency, with a description of its purpose, the third gives the names of directories useful to social workers, and the last is a personnel index. Cross-references make it a simple matter to find the information one wants.

## BEHIND THE BY-LINES

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### O. Spurgeon English, M.D.



Dr. English trained for his work as head of Temple University Medical School's department of psychiatry at Jefferson Medical College and Harvard and in clinics in Vienna and Berlin. His article, which appeared first in the *Bulletin of the Menninger Clinic*, reappears here with the permission of the Menninger Foundation.

### Mae Fleming



Now chief supervisor of welfare services in Canada's Department of Health and Welfare, Miss Fleming studied at the Universities of Chicago and Minnesota, New York School of Social Work and Rutgers University and has held social work positions with agencies in New York, Boston and Louisville, as well as in Toronto and Ottawa.

### Dorothy H. Sills



During World War II Mrs. Sills, field director of the National Travelers Aid Association, trained professional and volunteer staffs for work with servicemen. Previously, with International Social Service, she helped displaced persons, servicemen's dependents, veterans and others requiring coordinated service in two or more countries at one time.

### Miriam Van Waters



One of the nation's eminent authorities on crime and crime prevention, Dr. Van Waters is superintendent of the Massachusetts Reformatory for Women. Recently the Penal Affairs Committee of the United Nations selected her as the one woman on a panel of 12 Americans to give advice on the rehabilitation of women offenders.

### Harry Pariser, M.D.



Dr. Pariser is dermatologic consultant to the Veterans Hospital, Kecoughtan, Va.; Naval Hospital, Portsmouth, Va.; DePaul, Community and Norfolk General Hospitals, Norfolk, Va.; VD consultant to the Norfolk Health Department; and chairman of the Virginia State Medical Society's VD committee.

## THE LAST WORD

### GRIN AND BEAR IT

By Lichy

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*"I thought we got honey from the bees and flowers . . . HE must  
be just a by-product . . ."*

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